



World AIDS Campaign

AIDS
men make a difference

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Objectives and Ideas for Action

2000 World AIDS Campaign

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Objectives and Ideas for Action

2000 World AIDS Campaign



Joint United Nations Programme
on HIV/AIDS (UNAIDS)
2000

MEN MAKE A DIFFERENCE

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UNAIDS, its Cosponsors and Partner Organizations

Boys or men?

The point at which boys make the transition into manhood is not uniform in all cultures. In some parts of the world, for example, 'boys' become 'men' when they reach their late teens or early twenties; in others, 'boys' become 'men' only when they marry and have children. Adolescent and teenage boys often have concerns that differ greatly from those of older men.

Regardless of age, marital status or other concerns, boys and men have a great deal in common. Moreover, most boys, consciously or not, appear to pattern their behaviour on that of men they know.

Throughout this document, therefore, the term 'men' includes boys who have reached physical sexual maturity. Wherever the term 'boys' has been used, it is for the purpose of drawing particular attention to adolescent boys.

Why men?

HIV affects both women and men. Worldwide, more men than women are living with HIV/AIDS, but women are contracting HIV at a faster rate. In sub-Saharan Africa women already comprise 55% of the 22 million adults in the region who are HIV-positive.

Women are contracting HIV at a faster rate than men

When it comes to the impact of the epidemic, women bear a heavier burden. Men are much less likely to care for those infected and affected by HIV – namely ill or dying family members, the elderly, and youngsters orphaned by the death of one or both parents due to AIDS.

Women bear a greater burden of care for HIV-infected people

Women are more susceptible to HIV because they are biologically more vulnerable to infection and because of some men's behaviour. On average, men have more sexual partners (female or male) than women, and therefore more opportunity to contract and transmit HIV. Also men have more influence over whether or not to have safer sex. More men than women inject drugs. Men are therefore more likely to infect others through sharing unsterilized equipment.

Men have more opportunity to transmit the virus

Men play a central role in HIV transmission, due to their greater risk-taking behaviour. However, factors, such as age, education, income, self-esteem, and peer relations can exert both positive and negative influences over the risk behaviours of men and boys. Unfortunately many men consider their masculinity compromised by the very behaviours that limit the spread of HIV, namely having fewer sexual partners, using condoms or being sensitive to the safer sex preferences of their partners. All of the above can increase the risk of HIV infection for men themselves, as well as women.

Men are also at risk

But neither men — nor women – can or should be blamed for AIDS. In general, people of both sexes lead lives that pose no danger to themselves or others.

No one is to blame

When some men fail to protect themselves and others, it is often due to social and cultural factors. Family, religion, customs and beliefs, power structures, gender roles and relations, and social expectations all play their part in encouraging men to take risks and to disregard women's feelings and needs. In short, men's risk-taking behaviour may be better understood when viewed from a broader social perspective.

Underlying causes of risk

Men can use their masculinity as a powerful force for change. Most men want to protect themselves and their loved ones from HIV, and many want to share the responsibility of caring for loved ones who are ill or orphaned because of AIDS.

Making masculinity a force for change

Men and women should work together

Regardless of gender or sexual orientation, each individual has the right to protect himself or herself from HIV. Focusing on men, therefore, does not mean ignoring women. Prevention programmes for girls and women need to continue and expand, but without parallel programmes for boys and men, they will have little impact. In protecting women and children from HIV infection, men must also be protected. The best solution is for men and women to work together when they can and separately when they must, always remembering that the efforts of one cannot succeed without the efforts of the other.

Masculinity

‘Throughout the world, ‘masculinity’ is often associated with the ‘male drive’, greater physical strength, power as well as many problem behaviours such as violence and sexual risk-taking. The meaning of masculinity varies across cultures and changes over time. For example, in many societies men are now taking a more active role in family life than was the case in the past. It is important to recognize that masculinity oppresses both men and women. For example, men who do not conform to masculine stereotypes are frequently stigmatized for being effeminate.

Campaign Objectives

Men Make a Difference is the title of the first year of a two-year campaign focusing on the role of men in the AIDS epidemic. In the year 2000, the campaign has three broad objectives. The first, to motivate men and women to talk openly about sex, sexuality, drug use and HIV/AIDS. The second, to encourage men to take care of themselves, their partners and their families. The third, to promote programmes that respond to the needs of men and women.

IDEAS FOR ACTION

This paper contains many ideas for action. However, these are merely suggestions. Use them, modify them, and build upon them while engaging in your own experiences.

This metaphor is a useful way to remind us all that HIV prevention as well as the care and support of people living with HIV and AIDS requires multifarious strategies depending on available resources and local needs. Throughout this document there are many different ideas for action. People designing activities around this year's World AIDS Campaign theme can draw on them when appropriate; but the emphasis should be on innovative programmes that respond to local needs and priorities.

**Putting IDEAS FOR
ACTION into
perspective**

The Secretary-General of the United Nations, Kofi Annan, recently described our 'global village', which highlights the array of inequalities around the world and illustrates the different levels of development in all fields.

**Kofi Annan's
metaphor of
the global
village**

Our village has 1000 individuals, with all the characteristics of today's human race distributed in exactly the same proportions. What would it be like? What would we see as its main challenges?

Some 150 of the inhabitants live in an affluent area of the village, about 780 in poorer districts. Another 70 or so live in a neighbourhood that is in transition. The average income per person is \$6000 a year, and there are more middle-income families than in the past. But just 200 people dispose of 86% of all the wealth, while nearly half of the villagers are eking out an existence on less than \$2 a day.

Men outnumber women by a small margin, but women make up a majority of those who live in poverty. Adult literacy has been increasing. Still, some 220 villagers – two-thirds of them women — are illiterate. Of the 390 inhabitants under 20 years of age, three-fourths live in the poorer districts and many are looking desperately for jobs that do not exist. Fewer than 60 people own a computer and only 24 have access to the Internet. More than half have never made or received a phone call.

Life expectancy in the affluent district is nearly 78 years, in the poorer areas 64 years – and in the poorest neighbourhoods a mere 52 years. Each marks an improvement over previous generations, but why do the poorest lag so far behind? Because in their neighbourhoods there is a far higher incidence of infectious diseases and malnutrition, combined with an acute lack of access to safe water, sanitation, health care, adequate housing, education and work.

Source: Kofi Annan, Secretary-General of the United Nations, Millennium Report, April 2000.

Objective One:

**TO MOTIVATE MEN AND WOMEN
TO TALK OPENLY ABOUT SEX, SEXUALITY,
DRUG USE AND HIV/AIDS**

**Objective 1.1 MOTIVATE MEN AND WOMEN TO TALK OPENLY ABOUT SEX,
SEXUALITY AND HIV/AIDS**

<i>Men talk..... ...a lot</i>	Men talk about their families and their neighbours, the weather, work, sports, politics, music – and many other things that affect their lives. From early adolescence they also talk about sex a great deal, and in particular, about their sexual prowess.
<i>Men need to talk about their sexual needs</i>	Rather than admitting to sexual ignorance or perceived inadequacy, men frequently find themselves having to make false sexual claims and repeating the myths surrounding sex, in order to appear as “real men” in the eyes of their peers. Men’s discussions about their sexual experiences rarely touch upon the subject of the sexual needs of their partners. Men must learn to talk about their sexual <i>needs</i> rather than their sexual prowess to build respect for both themselves and their sexual partners.
<i>Male sexuality</i>	Popular belief holds that the ‘male sex drive’ is ‘boundless and irrepressible’, and in some parts of the world, having a sexually transmitted infection is considered a badge of honour that confirms one’s manhood. The myth of male superiority that is deeply ingrained in many societies inadvertently assists the transmission of HIV.
<i>Cultural barriers to public discussion of sexuality.</i>	In many societies, cultural barriers can inhibit public discussions of sexuality and therefore prevent a better understanding of male and female sexuality and of men’s and women’s needs. This silence also perpetuates stigma and discrimination against men who have sex with men, ignores women’s right to sexual pleasure and hampers HIV prevention.
<i>Men's double standards</i>	Research in many parts of the world suggests that men tend to have more sexual partners during their lifetime than women. A double standard of sexual morality is the norm in many societies. For example, many cultures expect women to preserve their virginity until marriage. Young men, on the other hand, are encouraged to gain sexual experience. Indeed, having many sexual relationships may make a man popular in the eyes of his peers.

In most societies women have less access to health care, education and employment. Their unequal situation is reinforced in many societies by the double standards of sexual morality. These ensure that women can be viewed as creatures that lead men 'astray'. Sometimes, merely dressing in an alluring fashion or appearing attractive suffices to earn a woman the label of 'sexually promiscuous'. When women are subjected to violence or sexual abuse, it is conveniently said that women 'get what they deserve'. A key reason for such misconceptions is that men may not understand the true nature of their own sexuality or that of women.

Gender inequalities

Many cultures throughout the world adhere to age-old traditional practices wherein women serve to provide sexual pleasure to men. One such practice is "dry" sex where tobacco, herbs, bleach or other drying agents are used to dry out the vagina to increase penile friction. This may cause lesions in the vaginal walls, putting women at increased risk of HIV transmission during unprotected sex. Dry sex is still practised in parts of East and Southern Africa. Another traditional practice, common in some African communities, is for a younger brother to marry his sister-in-law if his elder brother dies. Originally, such practices evolved to protect the family and the tribe. However, today they can cause further HIV transmission within the family circle.

Traditional practices

In many cultures, fathering a child is regarded as a proof of masculinity. This belief virtually proscribes condom use, providing increased opportunities for HIV infection within the family and possibly to the next generation through mother-to-child transmission.

*Mother-to-child
transmission*

In many societies having sex with a younger girl is believed to increase virility, and is seen as a risk minimization strategy by older men or, as in some societies, taking a girl's virginity is thought to be a cure for HIV. Yet older, sexually active men are more likely to be HIV-infected. While trying to decrease their risk of 'becoming HIV-infected', they are in fact putting young girls at risk of HIV, other sexually transmitted diseases and pregnancy.

*Sex with younger
girls*

A study was recently undertaken with support from UNAIDS and the World Health Organization (WHO) to explore explanations for the striking differences in the speed at which HIV has been spreading in different parts of Africa. Researchers compared two towns characterized by high HIV prevalence in Central/East Africa (Kisumu, Kenya, and Ndola, Zambia) with two low-prevalence towns in West Africa (Cotonou, Benin, and Yaoundé, Cameroon).

The researchers found that the HIV prevalence rate among women was significantly higher than that among men in three of the four towns in the study. In Kisumu and Ndola, HIV prevalence rates in the 15-49 age group were 30%-32% in women and 20%-23% in men. In Cotonou and Yaoundé the comparable rates were 3%-8% in women and 3%-4% in men. Few major differences were found in the frequency of extramarital sex or condom use.

***The
consequences
of early
teenage sex***

The largest female/male discrepancy was found among the 15-19 age group. Teenage girls in the high-prevalence sites had HIV rates of 15%-23% — fully four to six times higher than boys of the same age (3%-4%). Among teenage girls living in Kisumu and Ndola, sex with an older man correlated strongly with a higher risk of HIV. When almost a quarter of the teenage girls have HIV and close to half of them carry the virus that causes genital herpes, the only possible explanation is that these girls are becoming infected by older men during their first few exposures to sex — maybe even their very first.

The study also found that early sexual initiation (among girls) and early marriage (for both sexes) were associated with a higher risk of HIV infection. In the Central/East African cities, people tended to marry at a younger age and significantly more girls became sexually active before age 15. The high rates of premaritally acquired HIV help explain why early marriage brought risk rather than protection.

Source: Differences in HIV spread in four sub-Saharan African cities: Summary of the multi-site study, UNAIDS, Geneva, August 1999. Submitted for publication.

"It's difficult feel good when we repress our emotions, when we are causing pain and alienating those we love..."

Eduardo Liendo, CORIAC (collective of men for equal relationships), Mexico.

HIV compels people to face the consequences of their actions, particularly when acquired through sexual activity outside relationships thought to be monogamous. Because of the serious, long-term consequences of risky sexual behaviour, it is important for sexual partners to learn to talk to each other about sex, particularly safer sex. Of course, there are social and cultural barriers to discussing sex and HIV. However, when sexual partners encourage each other to be truthful in exchanging experiences and fears, they may find ways of protecting each other from HIV.

While sexual abstinence is the surest way of avoiding HIV infection through sex, it may not be the preferred option for many people. However, there are always other safer sexual options available including fidelity, non-penetrative sex, and consistent condom use outside of and/or within a relationship. In long-term relationships, many couples are increasingly seeking voluntary counselling and testing to ascertain each other's sero status and to decide if they can enjoy sex without condoms within the relationship. However, it must be remembered that this option requires considerable trust, consistency and commitment, since remaining faithful or practising only safer sex outside of the relationship is something often promised but later forgotten.

Men want to talk about personal issues

Many men are happy to talk about sex when they can ask questions without fear of scorn or censure. Men also want to find out about HIV and other sexually transmitted diseases. Young men and adolescent boys in particular, often have several questions and concerns about their relationships, their own anatomy and that of their partners.

Policy-makers have a duty to create the social environment in which sex and sexuality can be spoken about. Changing the social climate is necessary to changing the course of the HIV epidemic. HIV challenges us all in how we live. Policy-makers, like all of us, need the courage to confront their own behaviours and the social settings, which allow the epidemic to spread.

Policy-makers must open the debate

The more men can talk frankly about sex, feel respected and have their questions answered, the more they are likely to protect themselves and their sexual partners. The challenge for those working with men is to provide appropriate opportunities for men and boys to talk, listen and learn about sex.

Male workers with the Men, Sex and AIDS project in Botswana regularly meet men in the workplace and in *shebeens* (bars) to talk about issues such as ambivalence to condom use, safer alternatives to risky sexual behaviour and improved communication between couples. Over 2,000 men have been reached in this way in the last two years.

Source: Macdonald Maswabi, Botswana National AIDS Programme.

Men talking and listening

IDEAS FOR ACTION

- Help parents to discuss drug and alcohol use, sexuality, and HIV with their children.
- Support meetings of village elders to discuss men's behaviour.
- Use community forums to discuss HIV/AIDS and related issues.
- Train peer educators to gain the confidence of, and talk to, men in bars and other places where men get together socially.
- Train and support teachers to discuss sexuality and reproductive health in the classroom.
- Encourage small group interaction and the exchange of experiences, among people of different sexual orientations.
- Work with religious leaders to include AIDS education in schools and in community activities.
- Urge male celebrities to speak out openly about sexuality and the need for men to change their sexual behaviour, and provide them with simple messages on these issues, to be used in public forums or media interviews.
- Initiate awards for boys' clubs or youth clubs as incentives for boys to teach each other how best to respond to HIV/AIDS.
- Encourage boys and men to make their views on sex and HIV known through radio and television phone-ins and letter writing.
- Train doctors and health workers to talk with and listen to their male patients about sexual behaviour, sexuality and safer sex.

- Hold meetings of small groups of men in the workplace so that HIV prevention can be discussed in depth.
- Explore ways of introducing discussions on HIV/AIDS in groups and organizations which to date have not tackled HIV.
- Brief journalists on issues related to HIV/AIDS, such as sexuality, care and support and prevention.
- Work with journalists and editors to include AIDS-related topics in radio and TV programmes, and in newspapers and magazine articles.
- Use peer educators to host Internet chat rooms to discuss boys' and men's concerns regarding AIDS and other matters relating to sex.
- Devise Internet sites and banners that encourage men to play a greater role in preventing the spread of HIV.
- Integrate messages on men's behaviour and HIV into politicians' and leaders' speeches.
- Organize meetings with policy-makers to discuss the role of men in the HIV/AIDS epidemic – while being sensitive to the concerns of policy-makers as individuals as well as public leaders.
- Promote discussion of the role of traditional practices in the transmission of HIV.
- Promote discussion of traditional sexual practices and women's sexual fulfillment.
- Promote voluntary counselling and HIV testing before and during pregnancy.

Overcoming hostility

It can sometimes be difficult to establish AIDS prevention programmes that go beyond advising people to be mutually faithful or use condoms. For instance, the initial efforts of the Jagrata Juba Sangha (JJS), a nongovernmental organization in Bangladesh, to bring about safer sexual behaviour among a group of migrant male and female workers employed in fish-processing factories, met with considerable resistance. JJS staff were abused by the female workers who were affronted by the NGO's forthright discussion of 'secret matters' such as sexual behaviour. Some workers accused the organization of trying to lure people to commit 'sin'.

JJS then shifted its focus to the better-recognized development concerns of those workers most at risk of HIV infection. That meant talking about tube-wells for safe drinking water and micro-credit to ease the burden of poverty, rather than condoms and safer sex. At the same time, the organization initiated discussions explaining the dangers of AIDS to the owners of the slums where the workers lived and the heads of the factories where they worked. Having gained the trust of all concerned and rooting AIDS within the context of larger development concerns, JJS began talking to the workers once more about HIV and sex - and this time, they listened.

Adapted from Majumder, M.K. In: Foreman, M. et al. *AIDS and Men: taking risks or taking responsibility?* London, Panos/Zed, 1999.

Objective 1.2 MOTIVATE MEN AND WOMEN TO TALK OPENLY ABOUT MEN WHO HAVE SEX WITH MEN (MSM) AND HIV/AIDS

In many countries, gay (homosexual) communities are rare or non-existent. And in many countries there are strong taboos about sex between men. Nonetheless, in every society, no matter how strong the taboos, some men have sex with other men. Such relationships sometimes involve penetrative anal sex, an act that carries a high risk of HIV infection.

In every society, men have sex with other men

Men have sex with other men for many reasons. Sometimes for pleasure, for economic reasons, under compulsion, from lack of availability of women, or for a combination of the above reasons. Many men who have sex with men also have sex with women – for pleasure, from a sense of duty, from self denial or to hide their desires from others.

Men have sex with men for many reasons

The number of men – and boys – who have sex with other men is not known. Similarly, the number of HIV infections worldwide that have been caused by sex between men is also unclear. HIV prevention for men who have sex with men is essential, both to protect themselves and their female partners if any.

Prevention is essential for these men and their women partners

Hostility towards and misconceptions about sex between men have resulted in inadequate HIV prevention measures in many countries. Some governments refuse to acknowledge that sex between men takes place. Others have criminalized anal sex. And some governments refuse to support prevention programmes for men who have sex with men. As a result these men and their partners are at an increased risk of HIV infection.

Some countries have not responded to the needs of MSM

In many countries, men who have sex with men are not socially accepted. To hide their sexual orientation, such men have clandestine sexual alliances or rushed sexual encounters with other men who have sex with men. During such encounters, there is little time for, or interest in negotiating condom use. Many such men also have unprotected sex with women either to satisfy their marital obligations, or to mask that they have other sexual partners. The risk of HIV transmission to both men and women is high in such situations.

Social rejection leads to risky behaviour

In all male settings such as the military, prisons, boarding schools and institutional care, men may also have sex with one another. While outside these settings such men generally have sex with women, the nature of their situation means that the only forms of sexual expression available are masturbation or sex with other men. Unprotected sex between these men poses a risk of HIV and other sexually transmitted infections being spread within the population and to female partners outside the institution.

Sex between men in male-only institutions

A community in action

In 1983, a small group of volunteers established 'Helseutvalget for Homofile', the Norwegian Gay Health Committee. The idea was that men who have sex with men can make a contribution within their own community to prevent the transmission of HIV. In 1988, the 'Stop Aids Project' was established to reach out to individuals, and to aid and support them in practising safer sex. Work took place in gay bars, discos, saunas, and public parks. In addition to one-to-one discussions, men were invited to participate in safer sex seminars, courses, and group discussions. Distribution of free condoms and water-based lubricants also took place. Further, confidential counselling in person or by phone was also made available.

Source: <<http://www.helseutvalget.no>>

IDEAS FOR ACTION

- Train peer educators to talk to men who have sex with men about HIV prevention in bars and other places where they meet socially or for sex.
- Discuss the links between drug and alcohol use and sex between men.
- Urge male celebrities to speak openly about men who have sex with men and the need for men to change their behaviour; and provide the celebrities with simple messages on these topics to be used in public forums or media interviews.
- Encourage open discussions about sex between men in the community as well as in male-only institutions, including discussions on the possibility of HIV transmission between men within and outside these environments.
- Help parents better understand the development and psychology of their children and young people.
- Teach parents how to adjust to the development of their child's sexuality.
- Train doctors to talk with and listen to their male patients about sexual behaviour, sexuality and safer sex.
- Invite representatives of groups of men who have sex with men to talk to AIDS service organizations and in other forums where HIV prevention is discussed.
- Use the Internet to find and share examples of successful AIDS prevention programmes for men who have sex with men.
- Include a component on men who have sex with men in the planning and implementation of national AIDS programmes.

Supporting men who have sex with men

The Organization for the Support of a Comprehensive Sexuality in the face of AIDS (OASIS) in Guatemala City and the Instituto Latinoamericano de Prevención y Educación en Salud (ILPES) in Costa Rica, run workshops for men who have sex with men. Over a period of several weeks, men discuss HIV/AIDS, alcohol abuse and other issues that affect men's sexual behaviour. OASIS also runs a "Culture House" where men who have sex with men can socialize in a safe environment and discuss their human rights concerns. Source: *Ruben Mayorga, Director OASIS.*

Objective 1.3 MOTIVATE MEN AND WOMEN TO TALK OPENLY ABOUT ALCOHOL, DRUG USE AND HIV/AIDS

Discouraging people from substance use—as well as encouraging existing users of all ages to stop, by participating in treatment programmes—are essential components of effective HIV prevention programmes. Educating and informing people – especially young people – about drugs, and about their implications for health and social well-being, in language that can readily be understood, are strategies which have been undertaken in drug prevention programmes in most countries including Brazil, South Africa, Tajikistan, the United Kingdom and Viet Nam.

Prevention is a key

Generally, men are more likely than women to use alcohol and illegal drugs since in many societies it is culturally and socially more acceptable for them to do so. Yet, as cultural and social norms change, the gap between the numbers of men and women who use substances is narrowing. For example, in Australia a New South Wales school-based survey found that more young women than young men are using heroin and cannabis.

Men are more likely to use drugs

Men's use of alcohol and other substances may be associated with violence towards others and/or an increased risk of unsafe sex with a regular or casual partner. The use of other substances, such as ecstasy, is not associated with violence but can lower inhibitions and may be associated with unsafe sex.

Men's abuse of alcohol and other substances leads to violence and unsafe sex

Injecting drug use is directly responsible for over 5% of HIV infections worldwide. Of the estimated 6-7 million individuals around the world who inject drugs, four-fifths are men.

Injecting drug use accounts for 5% of all HIV infections

Discussions about substance use, dependence, and the underlying reasons for drug use are often inhibited, as many of the substances discussed are illegal. Similarly, talking about alcohol-related violence is often taboo. Men and women need more opportunities to discuss substance use in relation to their own lives and the possibility of an increased risk of HIV infection.

Substance use and its consequences are often taboo subjects

Prevention programmes aimed at reducing men's dependence on alcohol and other substances face a number of difficulties.

For example, alcohol is socially accepted in many parts of the world. In rural areas in particular, gatherings where alcohol is readily available may be one of the few available forms of pleasure and entertainment.

Injecting practices

Among those who inject drugs, rituals can evolve in which men take on the controlling role in the drug-taking behaviour. Often men have control of the needle and syringe, and a 'pecking order' is established for injection. This may involve the lead man injecting first, followed by other men and eventually women. In such a situation it is those who inject last who are at the greatest risk of HIV infection. It is essential in designing interventions to understand these practices.

A comprehensive package of measures is needed to prevent HIV spread among injecting drug users

The illegality of some substances makes them attractive to many young men. Advocating and strengthening HIV prevention programmes among substance users is acknowledged as the best approach to reduce harm to individuals and communities. A comprehensive approach to prevention and care includes educating injectors and their sex partners about HIV risks and safe practices; making drug treatment programmes available; providing access to counselling, to care and support and to other health services; providing condoms and exchanging used injecting equipment for sterile or 'clean' equipment; increasing access to needle-syringe exchange programmes through pharmacies and medical services combined with safe disposal programmes; and outreach, peer education and networking activities

IDEAS FOR ACTION

- Target men with messages about alcohol and drug use, on telephone cards, matchbooks etc.
- Raise the issue of alcohol use at village meetings; encourage community leaders to promote non-alcoholic beverages at formal and other gatherings.
- Publicize Internet chat rooms where men with substance dependency problems can share concerns in a safe and anonymous environment.
- Train doctors and health workers to talk with their patients about substance use including drugs that are injected, sexual behaviour and safer sex.
- Negotiate with the authorities "safe spaces" in the community where drug injectors can learn about HIV prevention from peer educators or medical practitioners.
- Work with local communities, including the drug-using community, to explore effective ways of running needle exchange programmes that will also provide information, counselling, condoms, and medical care.
- Work with local communities on the introduction of needle-syringe programmes through pharmacies and medical services in conjunction with safe disposal programmes.

Harm reduction in Northern Thai villages

Drug use among the hill tribes of Northern Thailand has long been a part of tradition. When opium was available men would gather in groups to smoke. In more recent times, the introduction of heroin has broken down the social relations of the past and created divides within the community: those using drugs, those dealing in drugs and those witnessing the destruction of the traditional community.

In 1995 a primary health continuum of care was introduced. The aim was to provide care for people living with HIV/AIDS and to introduce culturally appropriate prevention programs. Young people from hill tribes were recruited and trained as primary health care workers and primary health care centres were built providing an accessible and holistic approach to health care.

Following unsuccessful detoxification from opium and heroin dependence and residential rehabilitation programmes, the villagers agreed with the support of the provincial government of Chiang Rai Province to establish a methadone maintenance program (medium to long-term treatment). Methadone, as part of the programme, was dispensed from the health centres, as were needles and syringes, and condoms. Locating harm reduction services within the primary health care centre meant that community attention focused on the health aspects of harm reduction. This was the first village-based methadone programme in the world.

In introducing methadone maintenance the village committee established very clear rules of operation. These included a rule that no drug trafficking was to take place inside the confines of the village, and that the consequence for violation of this rule would be expulsion of that person and their family from the village. The local police, in cooperation with the villagers, set up road-blocks close to the entrance to the village and searched people for drugs. Within a month all drug trafficking and dealing in and around the village ceased.

Twelve months after the commencement of the methadone programme, 90% of the former drug users were on the methadone programme. There was a dramatic decline in petty theft, illicit drug use had virtually stopped in the village and of the few HIV-seropositive injecting drug users who continued to use 'therapeutic' amounts of opiates, all but one stopped injecting. Further, a significant minority had exited the methadone programme altogether and remained drug-free.

The introduction of methadone maintenance provided a mechanism to reunite fragmented groups. It also enabled drug-dependent men to regain their position within the family and the community. They were able to go to the fields or find work as labourers, thus being able to contribute to the family income, rather than deplete it.

Methadone maintenance treatment also enabled the village men to assume a more effective parenting role. As HIV/AIDS impacted on these villages the women – mothers and grandmothers—had become the primary care providers. The provision of methadone changed this and men in the village began looking after themselves, each other and their families.

However, the success of such a programme is fragile. After the village was declared to be 'drug-free' by the Thai Government, the head of the District Health Office declared that 'drug-free' included methadone-free and promptly ordered that methadone would no longer be dispensed from the primary health care centre. Within two months of this action the statistics were reversed, with 90% of the villagers using illicit drugs on a daily basis and 10% of the villagers remaining abstinent.

Source: J. Gray. Harm Reduction in the Hills of Northern Thailand, Substance Use and Misuse, 33(5), 1075-1091, 1998 and <jgray@doh.health.nsw.gov.au>.

- Target peer education through newsletters.
- Mobilize injecting substance user associations to advocate for needle exchange programmes, protection of their human rights, and access to treatment.
- Mobilize injecting substance user associations to negotiate with police and policy-makers over issues of policing and the situation of vulnerable populations such as sex workers.
- Improve access to drug treatment programmes.
- Generate public debate about the relative merits of harm reduction and demand reduction.
- Include a component on injecting drug use and users in the planning and implementation of national AIDS programmes.

Sport: an alternative to drugs

The Soccer Against Crime Project was started in 1995 by the South African Red Cross Society Western Cape Region. Since then it has grown from 5 teams in 3 areas, to 57 teams in 15 different neighbourhoods. The main aim of the project is to provide an alternative to drugs and gangsterism in the most disadvantaged areas on the Cape Flat where 90% of the young people's parents are unemployed. While the majority of teams are for boys, a growing number provide activities for girls. Besides preventing young people from joining gangs and taking drugs, the project has brought improved sports and leadership skills, as well as increased self-confidence and self-respect amongst its young people.

Source: South African Red Cross Society Western Cape Region. Soccer Against Crime Project, Report 1999.

Objective Two:
**TO ENCOURAGE MEN TO TAKE CARE OF
THEMSELVES, THEIR PARTNERS AND
FAMILIES**

Objective 2.1 ENCOURAGE MEN TO TAKE CARE OF THEMSELVES

Except in a handful of countries, men have a lower life expectancy at birth and higher death rates during adulthood than women. Healthy lifestyles and timely medical intervention can prevent or cure many of the health problems that men face. However, many boys and men may see themselves as somehow invulnerable to risks or illnesses, and postpone seeking health care.

Men have a lower life expectancy than women

Generally, adolescence and young adulthood are times of good health. However, during these stages of their lives many young men and women do require access to health care. Many young women are treated for sexually transmitted infections, sometimes as a consequence of sexual coercion or rape. Rather than sexually transmitted infections, trauma due to traffic accidents or physical violence at the hands of other men are more common among young men. The above emotional and physical traumas among young women and men often result from a 'masculine' desire to prove oneself or take risks.

'Masculine' behaviour is at the root of many illnesses and injuries

Most societies allot the role of breadwinner to men and confer special privileges on both men and boys compared to women and girls. However, manhood brings with it a mix of personal costs as well as benefits – costs which are reflected in men's mental and physical health. In many societies, men are conditioned not to express emotions, to maintain formal relationships with their children, to use violence to resolve conflicts and maintain "honour", and to work outside the home from an early age. In this context, it is worth noting that suicide worldwide is one of the three leading causes of death for adolescents, with three times as many boys as girls killing themselves. In some developed countries, the risk is tripled yet again among young gay men.

Mental health needs of men

Men need to accept that their health is important, for their own well-being as well as those who are dependent on them. This is true for all men irrespective of HIV status. HIV infection is a heavy burden to bear, mentally, physically and emotionally. But even in the absence of antiretroviral therapy, an individual can, on average, live for over nine years following HIV infection before falling seriously ill and survive up to a year beyond that. The bottom line is: men do have some control over their health and the goal is to convince them of this.

Men's health is important

IDEAS FOR ACTION

- Pay greater attention to boys' health as part of school health education programmes.
- Train health workers to better understand the special health needs of boys and men.
- Train health workers to pay greater attention to the mental health of men.
- Design easy-to-understand information, education, and communication (IEC) materials for boys and men focusing on their common concerns and health problems.
- Create pocket-sized cards entitled, "Know Your Responsibilities and Rights" that carry information for boys on one side and girls on the other and distribute to schoolchildren.
- Advocate for culture-specific research on social and economic factors in relation to 'masculinity'; to find out more about the pressures on men to behave in particular ways.

Objective 2.2 ENCOURAGE MEN TO TAKE MORE CARE OF THEIR PARTNERS AND THEIR FAMILIES

In most societies, men are expected to provide for their female partners and children. It is true that some men are abusive or fail to provide for their families, while others provide merely financial support. However, it is increasingly recognized that a man's self-worth is enhanced, not compromised, by actively caring for his partner's and children's well-being.

Men care for their female partners and children

Men who have emotional and sexual bonds with other men can also provide strong support for each other, although this is more difficult in societies where such relationships are illegal or not respected. It is to be noted that in many countries, the first AIDS care associations were established by gay men to provide support for each other.

Men care for their male partners

While we obviously care more for those with whom we have strong emotional bonds, care can also be extended to partners in casual sex encounters or those with whom injecting needles are shared. If we expect others not to infect us, we need to make efforts not to infect others.

Care for others

Men can take care of their partners and families in many ways: they can protect them by not bringing HIV into the household – by not having sexual relations or sharing injecting equipment with others, or by always using condoms outside of the relationship and using only clean needles and syringes. Mother-to-child transmission is by far the most common cause of HIV infection in young children. In most cases, the mother acquired HIV from the father of her child. Raising awareness of mother-to-child transmission of HIV can play a major role in protecting men, their partners and their future children.

Men taking responsibility for their own actions

And men can be actively involved in the raising of their children, offering options to them on how to respond to sexual advances, discussing love and relationships, and act as a positive role model for their sons.

Men being responsible for their children

Men can provide support for partners and children who are ill – by ensuring a steady income whenever possible; by encouraging sick partners to rest and taking on the tasks that they would otherwise perform, such as fetching water or cooking meals; and by providing their children with love and affection.

Men can support those who are ill

Men who have contracted HIV can plan for the future – by leaving savings or income from land or other sources to ensure the family's well-being. In developing countries, most HIV-positive people are already poor. This combined with social and cultural practices, nearly always result in the assets of a family being used to cover the costs of care in the last years of life or to substitute for lost income. Even so, men should make whatever provisions possible.

HIV-positive men can plan for the future

Men, women, HIV and children

Having at least one child is very important to men and women across the world. When one or more partners is HIV-positive, the question of parenting becomes difficult, partly because of the possibility of infecting the other partner if he or she is not already infected. Even with antiretroviral intervention there is no guarantee that the child will not be HIV-positive.

“My wife reacted so badly when I tried to remind her that a man could be HIV-positive that I preferred not to talk about it. Since then we’ve had relations with a condom. More and more she wants to have a child, and I am afraid of what might follow.” – Thomas, 40 and HIV-positive.

“Before I knew I had the virus, I used to want four children, two of each sex. Now I will be content with one child to mark my time on this earth but although there is only a one in four chance of mother-to-child transmission, I am afraid of passing the virus to a future child and causing the infant to suffer.” – Marc, 21

“I tested positive five years ago. I have a partner who tested negative. Since then our problem has been whether to have a child or not.” – Etienne, age not given.

Source: Kouadio, H. N’G. In: Foreman, M. et al. AIDS and Men: taking risks or taking responsibility? London, Panos/Zed, 1999.

IDEAS FOR ACTION

- Establish programmes that encourage young, unmarried men to understand their roles as future parents and prepare them to be involved in parenthood, promoting planned fatherhood as a masculine ideal.
- Provide for men-only sessions in family welfare / reproductive health / sexually transmitted infection clinics. Gain the support of local community leaders to encourage men to attend.
- Arrange counselling for couples who are considering having children and/or worried about their HIV-status.
- Educate men on their potential role in, and responsibility for, HIV transmission to their children prior to and during, their partner's pregnancy.
- Promote access to high-quality voluntary testing and counselling for men and women before and during pregnancy.
- Bring men together to talk about their concerns regarding care for their families and help them develop the skills to talk to – and listen to – their partners and children.
- Support organizations of people living with HIV/AIDS and other groups that can provide support for those infected as well as for those caring for HIV-positive people.

- Hold experience-sharing meetings where people with HIV talk with others about how they care for their families.
- Use “agony” columns in newspapers to answer questions from men wanting to become more involved in care for their families.
- Work with writers for radio and TV soap operas to integrate examples of caring men into their story lines.
- Encourage male celebrities and sportsmen to talk about their caring relationships with their partners and children.
- Use the Internet to promote men’s involvement with their families by creating attractive sites that promote men’s involvement with their families.
- Assist HIV-positive men or those affected by HIV to plan for the future care of their children.
- Help men and women with HIV to communicate their serostatus to their partners.

Jaconia who is HIV-positive is working laying the floor of his new house. He is a truck driver and is married to Jabu. She was part of a group of HIV-positive patients at Hlabisa hospital in Kwazulu, Natal, South Africa, who came together as a support group. They were all trained as AIDS educators and then made the brave decision to reveal their HIV status to their community in order to make their educational work more effective.

“When my wife told me she had this disease it felt like the end. Then I thought about it and saw that it was not like that. I have learnt to live with the disease and now have come to love my wife more and more. It does happen that I have many girlfriends, but now I use a condom. You can feel it so well. It’s the same as flesh to flesh. I don’t know when the time will come when AIDS is going to kill me. I feel under pressure and that’s why I am building this new home for my children. I want to finish it as I am losing weight and getting weaker. I taught myself to play Zulu guitar when I was younger and I’ve written songs about incgulazi to warn people about the dangers. My fifteen year old son now plays bass with me. I hope my songs will stay with him when I am gone.

Jaconia died on 9 June 2000 and was buried on the 16 June, Liberation Day. His funeral was an AIDS education one.

Source: Positives Lives: Positive Responses to HIV. A photo-documentary. Project director: Kevin Ryan. <kevryansyd@msn.com>

***Making a
difference***

Objective 2.3 PROVIDE GOOD-QUALITY EDUCATION ON SEXUAL HEALTH, HIV/AIDS AND LIFE SKILLS FOR BOYS - AND GIRLS - IN AND OUT OF SCHOOLS

A first step in changing men's attitudes towards seeking health care is educating young people as to its benefits.

Sex education delays first intercourse and prevents infection

Some people fear that educating young people about sex will encourage promiscuity. However, evidence shows that good-quality sex education can lower levels of sexual risk-taking and delay first sex. Sex education is most effective when given before young people begin their sexual lives. Well-planned sex education can help reduce the risk of contracting sexually transmitted infections, including HIV, and unwanted pregnancy.

Parents should talk to their children

While many boys and girls feel pressured to have sex, most are poorly informed about sexuality and reproduction. Parents need to talk more with their children about sex, sexuality and gender roles. Boys need to be taught that responsible sexual behaviour is a positive aspect of masculinity, and both boys and girls should be offered the chance to acquire the life skills needed to refuse sex or negotiate safer sex.

Schools can teach life skills and respect for others

Apart from the family, there are other valuable sources of information and support for boys and girls. Teachers can provide information on pregnancy and sexually transmitted infections and help young people acquire useful life skills. Schools too can foster respect for all communities, equality between men and women and promote human rights.

Peer education

Peer education can be an effective way of enabling frank discussions between people of similar age and backgrounds. Boys and girls can be trained as educators to inform and influence the behaviour of their peers.

Health care providers

Health care providers often require training to be able to discuss sexual health, HIV and life skills with boys and girls. An open and trusting relationship between doctors, nurses and young patients can be the beginning of building life long trust and communication—the basis for medical care and support.

Men with HIV can be a powerful force for change

Men who are HIV-positive and are willing to speak openly about this can be a powerful force for change. From public figures such as Philly Lutaaya (a Ugandan singer), Freddie Mercury (a British singer), Magic Johnson (an American basketball player), Mr. Justice Edwin Cameron (a Judge of the High Court of South Africa) and Rudy Galindo (an American national figure skating champion) to unknown individuals living quietly but openly in towns and villages, men with HIV can and do lead fulfilling and exemplary lives.

Children and young people who do not attend school, who live on the streets or work from a tender age can be particularly vulnerable to HIV infection. Over a hundred million children, the majority of whom are from developing countries, lack access to primary education. They urgently need information on sexual health and HIV/AIDS and the skills with which to protect themselves from exploitation and abuse.

*Street children
urgently need
information and
support*

The decline in HIV rates in Uganda has been attributed to the postponement of first sex by young people and to an increase in condom use. From 1989 to 1995, pregnant women were tested for HIV infection when they made their first visit to antenatal clinics in the urban centres of Kampala and Jinja. Overall, there was a 40% decline in the rates of HIV among the women surveyed. In population-based behavioural studies, conducted in 1989 and 1995 in Kampala and Jinja, men and women reported a 40% and 30% increase in experience of condom use, respectively. Behavioural surveys also showed a two-year delay in the age at first sexual intercourse of young people aged 15-24 and a 9% decrease in 'casual' sex in the past year in young men aged 15-24.

Decline in HIV infection

Source: Asiimwe-Okiror et al. (AIDS 1997, 11:1757-1763).

IDEAS FOR ACTION

- Train and support parents to talk to children about sex.
- Promote positive male role models in the youth media.
- Promote peer education, in a variety of settings, as a cost-effective and efficient means of education on sexual health and HIV education.
- Train boys and men as peer educators in life skills, sexual health, and AIDS education.
- Integrate life skills, sexual health and HIV/AIDS education into all curricula from primary school to tertiary education. Develop such programmes in consultation with parents, teachers and students.
- Ask people living with HIV/AIDS to talk to young people in schools and in community forums about their experiences of life before and after their HIV diagnosis.
- Train community workers to use techniques such as games and role-plays to teach young people about life skills, sexual health, and HIV/AIDS.

Important life skills in the HIV/AIDS era

Making sound decisions about relationships, sexual intercourse and drug use and standing by these decisions.
Recognizing situations that seem likely to turn risky or violent.
Knowing where, when and how to ask for help and support.
Learning to negotiate for protected sex or other forms of safer sex.
Caring for people with AIDS in the family and the community.

Objective 2.4 EDUCATE MEN ABOUT THEIR ROLES AS PERPETRATORS AND SUBJECTS OF VIOLENCE, AND THEIR RESPONSIBILITY TO STOP VIOLENCE
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<i>Violence is the main cause of mortality for men</i>	Health statistics from many parts of world confirm that injuries resulting from violence are among the chief causes of mortality and morbidity among young men.
<i>Men inflict violence on women</i>	In addition to the violence that men perpetrate on each other, men inflict violence on women, some of it sexual. 35 studies from a variety of countries in Africa, Asia, Latin America, Europe and North America found that one-quarter to more than half of the women reported having been physically abused by a present or former partner. Sexually aggressive young men were themselves more likely to have been sexually abused, to have witnessed abuse of a family member, to have a sexually transmitted infection, and to have used drugs or alcohol.
<i>Relationship violence</i>	Sexual violence may take place in relationships. A recent study in Northern India found that 46% of men reported abusing their wives, and that these men were more likely to engage in extramarital sex and have a sexually transmitted infection than non-abusive men.
<i>Dating violence</i>	Violence may also take place during dating. Studies among high school and college students in New Zealand and the United States. found that between 20 and 59 % of males and females said they had experienced physical aggression during a dating relationship. While nearly equal numbers of males and females reported that they had been subjected to violence, male violence against women tended to be more severe, and men tended to initiate this violence.
<i>People subjected to violence are often too afraid to report it</i>	There are many difficulties in documenting sexual assault and violence by boys and men. People subjected to sexual violence are often afraid to report violations. Societal norms may portray sexual coercion as part of boys' normal sexual behaviour. For example, a widely publicized event in Kenya in 1991 in which 71 young women were raped and 19 died in a group attack from their male classmates, reportedly elicited the comment "boys will be boys".
<i>Wars and rape fan the HIV epidemic</i>	Male violence drives the HIV epidemic in a number of ways. Rape and sexual abuse may place women and children at risk of contracting HIV. Sexual violence and mass migration are often the results of war, and not only are families split up, and husbands and wives separated, but in refugee camps and elsewhere women may become the subject of unwanted demands for sex, or may have to trade sex in order to survive. Innumerable instances of rape by members of the armed forces and paramilitary groups have been documented, and there is strong evidence that sexual violence, or the threat of it, is used as a means of terrorizing or subjugating both women and other men.

In addition to the possibility of HIV infection through sexual violence, other health consequences include physical injury, sexually transmitted infections and unwanted pregnancy. Some studies have shown that men and women who had been raped or forced to have sex during their childhood or adolescence were twice as likely to have multiple partners in a single year and to engage in casual sex. They were also four times as likely to be sex workers, and women who had been subjected to childhood sexual violence were twice as likely to be heavy consumers of alcohol and nearly three times as likely to become pregnant before the age of 18.

The consequences of violence can be ongoing

Young men are more frequently studied as perpetrators rather than as subjects of violence. However, some research shows that young men are also subjected to violence. And when they are allowed to do so, young men express their fear of the potential for violence within themselves, the threat of violence from other men and of the violence inflicted on them.

Men are also subjected to violence

IDEAS FOR ACTION

- Develop programmes that offer young men constructive ways of resolving conflicts, developing their identities and expressing their emotions.
- Develop programmes that discuss violence within relationships or during dating.
- Highlight sexual violence as a cause of HIV transmission.
- Highlight the link between sexual violence and the future behaviour of people subjected to violence and their increased risk of HIV infection.
- Offer opportunities to discuss the violence boys witness and to reduce the stress and consequences associated with being a subject of violence.
- Establish programmes in settings where violent and delinquent behaviour by boys is prevalent and sensitize boys from an early age.
- Find ways of engaging young men positively in their community, family and peer groups.
- Educate parents, teachers, health personnel and other youth-serving professionals about the origins of violent behaviour among boys, helping them to effectively tackle the boys rather than responding in punitive ways.

Reducing violence

In response to men's violence against women, including violence by young men against young women, some people have begun to ask: What are we doing directly with men, including young men, to prevent them from being violent to women? Many industrialized countries have long used court-mandated therapy for men, including adolescents, accused or convicted of domestic violence or sexual assault. In North America, Australia, Western Europe, and to a limited extent in some parts of Latin America, there are groups working on date rape awareness and domestic or courtship violence. Some of these group activities have taken place with military recruits, in sports locker rooms and in schools with the goal of increasing men's awareness about such issues, or with the idea of creating positive peer pressure so that young men themselves convince their male peers that such behaviour is unacceptable. In a few countries in Latin America, NGOs have started voluntary discussion groups with men, including young men, who would like to work in a group setting to discuss their past acts of violence against women and their desire to prevent such acts in the future. *Source: What About Boys? A Literature Review on the Health and Development of Adolescent Boys, WHO, CAH, FCH/CAH/00.7, 2000.*

Objective 2.5 DEVELOP HIV/AIDS PROGRAMMES FOR MEN AT PARTICULAR RISK

A number of settings present boys and men with a higher than average risk of contracting HIV. These include:

- Men in prisons may contract HIV through shared injecting equipment, consensual or forced sex with other prisoners or staff (usually male) or with visitors from outside (usually female). *Men in prison*
- Men in the military, who may have sex with a relatively small group of women – a situation which encourages rapid transmission of HIV – and/or who may have sex with other men may contract HIV. There have been reports from some countries of high rates of HIV infection among military forces. *Men in the military*
- Sailors and fishermen who spend weeks or months at sea with sex workers popularly known as “hostesses”. *Men at sea*
- Men and boys who sell sex or exchange sex for food or shelter. *Male sex workers*
- Homeless boys who have sex with other street children or who exchange sex for a meal, a bed or some emotional comfort, no matter how transient. *Homeless boys*
- Mostly underage boys who drop out of school because of poverty and are often employed in jobs where the working conditions are harsh. *Working youth*
- Migrants who have sex with men or women as a means of alleviating loneliness and stress. *Male migrants*
- Boys in care institutions or boarding schools who have forced or consensual sex with other boys or staff members. *Boys in care*

Special settings offer special challenges that require suitable responses. For example, those in charge of such settings, e.g. military leaders, governors of prisoner, boat owners, etc., are often resistant to the idea of change. In situations where forced sex is common, it is practically impossible to institute safer sex. Nonetheless, persistence can pay dividends; innovative HIV prevention programmes are now in place in the Zambian armed forces, prisons in Ukraine and for male sex workers in Morocco, Costa Rica and Brazil.

IDEAS FOR ACTION

- Use the success stories about prison-based HIV interventions to explain to prison warders, administrators and the government that the provision of sterile injecting equipment and condoms have not posed a threat to the safety of prison warders.
- Initiate debate on the human rights of prisoners (i.e. recognizing that people are in jail for a crime and their incarceration should not jeopardize their rights to health, security of the person, equality before the law and freedom from inhuman and degrading treatment).
- Promote debate on the need for HIV prevention programmes in prison that are rooted in the realities of prison life.
- Facilitate interventions approved by prison administrators and government and run by community organizations inside prisons. These should be sensitive to the specific needs of prisoners and their sexual and drug-injecting partners both within and outside of prison. Promote safer sex and ration out sterile injecting equipment and condoms to inmates or provide them in places where people can pick them up in private.
- Provide treatment for sexually transmitted infections for prisoners alongside counselling and voluntary testing services, and regular encouragement to use the services.
- Explain safer sex and provide sterile injecting equipment and condoms to boys in institutional care either as a ration, or in places where people can pick them up in private.
- Provide treatment for sexually transmitted infections for boys in institutional care, alongside counselling and voluntary testing services with regular encouragement to use the services.
- Request high-ranking military officers to take charge of implementing HIV prevention programmes which address the specific risks faced by members of the armed forces, such as sex with sex workers, rape and sex between men.
- Promote condom distribution among soldiers as well as voluntary and confidential counselling and testing for HIV. For example, the United Nations recently decided to issue all its peacekeeping personnel with one condom per day.
- Undertake peer education in workplaces where young boys may frequently be found, such as motorcycle stands, construction sites, gas stations, etc.
- Translate HIV prevention material into the languages used by migrants and ethnic minorities, and distribute it to migrant organizations, health service providers, NGOs, lawyers and others who come into contact with illegal migrants.
- Promote outreach and peer education programmes for immigrants and ethnic minority communities.

- Institute or support already existing programmes or organizations which work with migrants, itinerant workers, male sex workers and the homeless to include HIV prevention, care and support within their work.
- Provide HIV-related information, health services and prevention materials to boys in boarding schools, alongside the opportunity to talk about sex, sexuality and drug use.

In 1995-96, in Ukraine, the HIV epidemic was causing disruption in the management and allocation of prisoners, including unacceptable and expensive compulsory testing and isolation of inmates. The situation was characterized by high levels of fear amongst staff and prisoners. Towards the end of 1996 the situation began to change in response to the dramatic rise in the numbers of prisoners with HIV. A programme of HIV prevention in Ukraine's penitentiary establishments was approved by the minister of the interior and new guidelines were issued on HIV prevention in prisons, with a change in the legal policy framework.

Ukraine turn-around

In 1997, with support from UNAIDS, the Ministry of the Interior, the prison medical services, and the National AIDS Committee launched a series of workshops for senior prison authorities, staff and inmates. The workshops were successful in informing participants about HIV, altering attitudes towards HIV infection and in devising local plans for prevention of HIV infection in prisons. These were subsequently developed into a national prison service plan and approved by the director general of the prison service. The key elements of the model developed and adopted by Ukraine are: enlisting high-level management support, education for prevention, access to the condoms and disinfectants, a multidisciplinary approach and an ethical procedure for voluntary HIV testing.

Source: Best Practice Case Study: Joint Project of the Ministry of the Interior and UNAIDS for the Reduction of HIV and AIDS in the Prison System of the Ukraine (forthcoming).

Every day, 2000 trucks are ferried across the Jamuna (Brahmaputra) river at Aricha Ghat in Bangladesh. Drivers and their trucks wait for hours, sometimes days, for their turn. While they are waiting, they may visit a sex worker or first they can go to the recreation centre established by CEDAR (Concern for Environmental Development and Research). The centre provides truckers with clean bathrooms and recreational facilities, including games, radio and television. The centre also shows films on sexually transmitted infections, including HIV, offers free medical check-ups and free medicines, and condoms are available both in the toilets and on demand.

Reaching truck drivers

Adapted from Majumder, M.K. In: Foreman, M. et al. *AIDS and Men: taking risks or taking responsibility?* London, Panos/Zed, 1999.

Objective Three: TO PROMOTE PROGRAMMES WHICH RESPOND TO THE NEEDS OF MEN AND WOMEN

Objective 3.1 DEVISE MESSAGES, ACTIVITIES AND INTERVENTIONS THAT ADDRESS THE NEEDS OF MEN AND WOMEN
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Abstinence, mutual fidelity and consistent condom use.

AIDS prevention and care programmes are widespread but often promote broad messages that are not rooted within the context of men's and women's lives. While abstinence and mutual fidelity are effective ways of preventing HIV infection, not every one can, or wants to adopt these options. Even the consistent use of condoms is difficult for many men and women.

Messages must reflect the realities of men's and women's lives

To be successful, prevention programmes must respond to the realities of individual lives. This means not only addressing men and women differently, but tailoring messages and activities to the audience—whether male or female, young or old, urban or rural, well or poorly educated, wealthy or impoverished – and taking into account sexual preferences and drug use.

For many young men sex is the only available pleasure

Impoverished unmarried young men in rural areas, who have limited access to television or few other forms of entertainment, may view sex as one of the few pleasures available to them. Condoms may not be available, or may be too expensive or too large for adolescent boys. Strategies to reduce the risk of HIV infection for such men and boys need to be formulated, as these groups are unlikely to heed advice not to have sex if they cannot use a condom. Masturbation and mutual masturbation, for example, can be promoted as a means of achieving pleasure at no risk.

Many young women exchange sex for urgent needs

In some societies many women are sexually active from an early age because the money or gifts offered to them in exchange for sex allow them to buy clothing, attend school or appease their hunger. Young girls need to be taught skills to help them reject sexual advances from men or at least to negotiate the use of condoms, while their partners, who are often much older, need to be educated about the consequences of their behaviour.

Men and women may have conflicting goals

Sometimes men's desire to have sex conflicts with women's wish to protect themselves. Programmes that explore the reasons behind why some men act the way they do, are likely to have a much greater impact than the programmes that restrict themselves to advising abstinence, mutual fidelity and consistent condom use.

In general, men's power over the sex lives of women is drawn from the social system in which they live. In most societies, the legal and economic benefits that most men enjoy are not available to a majority of women. Only when society as a whole takes steps to support the rights of women to autonomy and equality, will larger numbers of women have the chance to protect themselves from HIV. Community leaders and national policy-makers (who are mostly men) need the courage to confront practices in their society that confer greater privileges on men, but which also facilitate the spread of HIV.

Leaders and policy-makers must confront practices which facilitate the spread of HIV

Violence against women, young girls and some men, and particularly sexual violence, places them at greater risk of HIV infection. While such practices may have deep historical and cultural roots, the social and health consequences of gender-based violence are severe and quite unacceptable.

Reduce violence

IDEAS FOR ACTION

- Promote the benefits of abstinence and fidelity. For example, evidence from Lusaka, Zambia, shows that the percentage of pregnant girls aged 15-19 infected with HIV, dropped on average by almost half from 1993-98; this corresponded with fewer women having sex before marriage in 1996 than in 1990. Similar changes in men's behaviour occurred from 1998 onwards.
- Organize and provide educational forms of entertainment for groups of young men.
- Openly acknowledge and respond to the difficulties that many men and women face in using condoms.
- Produce and distribute condoms that are of an appropriate size for boys and young men.
- Urge the removal of any taxes on condoms.
- Make condoms available in discreet but easy-to-access places such as toilets, bars, restaurants, schools, supermarkets, petrol stations, etc.
- Promote income-generating activities for young women.
- Promote educational tools such as street theatre and comic books that examine the attitudes of men and women towards sex and HIV/AIDS.
- Train journalists to report sensitively and accurately on relationships between men and women, on how such relationships affect the spread of HIV and on men's role in caring for those affected by the disease.
- Incorporate men and HIV/AIDS issues into ongoing campaigns such as the 'stop violence against women' and human rights campaigns.

- Initiate debates in national and local forums that examine the role of men in HIV/AIDS transmission; propose prevention programmes directed at men; and initiate or implement legislation that protects women.
- Educate women and men, particularly young people, with a view to promoting equal relationships between women and men and stress the unacceptability of sexual violence.
- Encourage men to respect women and accept their responsibilities in matters relating to HIV transmission and respect for women.

Objective 3.2 PROVIDE SUPPORT AND CARE FOR BOYS AND MEN LIVING WITH, AFFECTED BY, OR ORPHANED BY, HIV/AIDS

The vast majority of the more than 34 million people living with HIV do not know that they are infected. A major reason is that in many places, especially in rural areas, HIV tests are not available.

Most HIV-positive people do not know their HIV status

However, even for those with access to testing, there are many disincentives to taking the HIV test. There is still much ignorance about HIV and many people still view a diagnosis of HIV-positive as a death sentence. Many HIV-positive people are deeply ashamed of their diagnosis and are stigmatized by their spouse, family and/or community. In the worst instances, people who have publically declared their HIV status have been brutally assaulted or killed.

Stigma

Some people refuse to be the silent 'victims' of HIV and are open about their status, thereby giving the epidemic a human face, but they belong to a small minority. And in countries with high HIV prevalence rates, the small numbers of those who are openly HIV-positive are not sufficient to make people aware of how widespread the epidemic is, nor how severe will be its future effects on the business, economic, and social sectors and on communities and households.

Giving HIV a 'face'

In their everyday life, many HIV-positive people suffer from discrimination at the workplace, and in the provision of housing, insurance and health services. Most governments have not provided HIV-positive people sufficient legal protection from discrimination, and, in many instances, governments themselves discriminate against HIV-positive people.

Discrimination

In KwaZulu Natal, South Africa, 25% of those aged between 15 and 49 are HIV-positive. Most are parents who, unless a cure is found, will leave orphans when they die. With such high rates of parental death, extended family members find it increasingly difficult to absorb orphaned children into their own households. Orphans often end up having to earn a living, and care for themselves and younger siblings.

The orphans left behind

CINDI, Children in Distress, works with these children so that they can grow up without having to resort to the streets for sustenance. CINDI arranges short-term stays in special homes, artificial extended families, foster care, adoption and also helps relatives to raise money for childcare. CINDI also works with schools to allow orphans to attend regardless of whether or not they can pay the school fees and assists those children who head families to be economically self-sufficient.

Source: <http://www.togan.co.za/cindi>

Men with HIV are less likely to seek help—and there are fewer support networks for men who need them

Even when they test HIV-positive men are less likely than women are to seek help because they are expected to be self-reliant. However, except in countries where sex between men is the primary route of transmission, there is a general lack of support for both women and men who are HIV-positive. This can lead to further HIV transmission because good-quality care, support and counselling has been shown to help people with HIV protect their partners.

Some men accuse their partners of bringing HIV into the household

Many women who test positive for HIV face the twin prospects of coping with their diagnosis and finding a way of informing their husband or male partner. In such situations, men and other family members may accuse the woman of bringing HIV into the household—even though it is much more likely that the man is responsible. In extreme cases, women with HIV may be ejected from their home by their husband or by their husband's family after his death.

Government's responsibilities

To reduce the fear and stigma associated with HIV, governments need to work together with people with HIV, and provide them with care and support. Experience has shown that as the climate of fear around HIV changes, people are encouraged to access voluntary testing and counselling services, if these are provided. Over time, the HIV test may become commonplace and widely accepted, and further strengthen community support for those infected with HIV.

IDEAS FOR ACTION

- Establish self-help groups for boys and men living with, affected by or orphaned as a result of HIV/AIDS. For example, Straight arrows, Support and Services for HIV+ Straight men and their families, Victoria, Australia. <<http://www.users.bigpond.com/StraightArrows/>>.
- Establish services that encourage men to access voluntary counselling and testing, and support those who test HIV-positive.
- Work with community leaders to promote the acceptance of people living with HIV/AIDS.
- Promote planning for the care of HIV orphans as part of national AIDS strategies.
- Include people living with HIV in television and radio programme story lines.
- Educate people to distinguish clearly between the person and the virus, and to support, not condemn, people living with HIV.
- Support the production of books and exhibitions by HIV-affected communities which tell the lives of HIV-positive people in words and images.
- Through public campaigns explain how HIV is transmitted within the country, both within specific populations and at large.

- Facilitate community discussion on the sanctity of marriage and the high rate of HIV infection within marriage.
- Promote voluntary pre-nuptial testing and counselling for couples.
- Train employers on the rights of men and women with HIV, and the need to counter discrimination in the work setting.
- Promote law reform to protect the marital rights of both men and women, including inheritance.

Increasingly, HIV-positive people and their organizations are refuting widespread public misconceptions about AIDS. One powerful way of doing this is by showing people living with HIV/AIDS as they really are: human beings from every walk of life, who are learning to live with their diagnosis as well as their hopes and dreams. For example, the AIDS Access Foundation (ACCESS), Thailand, has produced a photo exhibition "My Positive Life – a photo album about living with HIV/AIDS", the Malaysian AIDS Council Project has recently produced "Hidden Voices: True Malaysian Experiences of AIDS". In Switzerland "Dammed Positive" by Ruedi Weber – a pictorial essay of the lives of HIV positive gay men has recently been published (ISBN 3-909164-64-1).

Positive lives

In 1992, when the voluntary counselling and testing (VCT) programme first started in Zambia's Kara Counselling and Training Trust (KCTT), it was realized that a need existed for ongoing support to VCT recipients. Apart from individual person-to-person ongoing counselling, a more interactive form of support was needed. A club for individuals who had undergone HIV testing was set up. Since the first club was formed in 1992 at Hope House, four clubs in Lusaka and one in Choma have been set up.

Post-test clubs

The Post-Test Clubs aim to provide support to people or members who are distressed by their HIV test result and help those who are negative to maintain their status; educate on HIV/AIDS; distribute information (brochures, flyers) on HIV/AIDS; educate on the importance of voluntary HIV counselling and testing by sharing personal experiences in a supportive environment without fear of being discriminated against; and provide members with relevant and updated information on HIV/AIDS and other related issues.

The Clubs use drama and performances as part of HIV/AIDS education. Weekend information seminars and workshops are also provided as well as individual community outreach through one-to-one talks with community members.

Apart from the stable demand for voluntary counselling and testing, the Clubs create a sense of community. Club members have provided both emotional and material support for the funerals of other club and family members. The positive, free interaction among members has significantly contributed to reduction of stigma and discrimination against HIV-positive people.

Source: Stanley Chama, Hope House Programmes Manager, Kara Counselling and Training Trust, Zambia.

Objective 3.3 PROVIDE EMPLOYMENT OPPORTUNITIES AND VOCATIONAL TRAINING TO REDUCE THE VULNERABILITY OF UNEMPLOYED AND DISEMPOWERED MEN
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Poverty makes communities vulnerable to HIV

Poverty can render entire communities especially vulnerable to HIV. Both men and women may be forced to leave their homes in search of work; prostitution may become a survival strategy for young men, women and children; and lack of hope or future may lead to the apparent solace of drugs.

Men have more opportunities

While both women and men should have full and equal access to education, vocational training and employment, men are traditionally seen as the providers in most societies. Therefore, when such opportunities are available, men generally access them, since such privileges are often seen as the prerogative of men.

Men are disempowered by unemployment

Hence, it is perhaps not surprising that many men react negatively if they cannot find work or if they are unable to provide for their family. Their sense of anger or disempowerment may lead to alcohol or drug abuse, or violent behaviour. Men may also seek comfort in casual sex. Due to their overall unstable situation many men are less likely to practise safer sex.

Employment separates many couples

Employment opportunities for men may, in some cases, restore their self-esteem and reduce their tendency towards unsafe sex. However, these very opportunities for employment often mean that many couples live apart, since men must migrate for work. Due to loneliness, and the availability of money and opportunity, many men have unprotected sex with other women, sometimes prostitutes, and become HIV-infected. When they return to the village, they may infect their spouse.

Importance of income-generating activities

Empowerment of women and protecting both women and men from HIV requires that both women's and men's needs be taken into account. In some cases, employment of men may increase women's economic dependence on their male partners. Policy-makers and aid organizations need to explore ways of increasing employment opportunities for both men and women.

Migration for work

Employment opportunities may mean that couples live apart. Policy-makers and aid organizations need to explore better employment practices that do not require the man to move away from the family or that the family moves as a unit.

IDEAS FOR ACTION

- Increase opportunities for on-the-job apprenticeships for young men.
- Link private companies to youth organizations to create new training opportunities.

- Promote awareness of violence and other forms of abuse within the family, recognizing that it is often a result of men's inability to cope with circumstances beyond their control.
- Educate children that a man's sense of self-worth is not based on his income, but includes broader responsibility for the family, partners and the home.
- Link HIV/AIDS prevention to projects that develop or increase micro-credit schemes or low-interest loans for income-generating activities.

<p>Objective 3.4 PROVIDE MALE-FRIENDLY HEALTH SERVICES, INCLUDING REPRODUCTIVE HEALTH AND PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV</p>
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Many people have little or no access to reproductive health services, such as diagnosis and treatment of sexually transmitted infections, antenatal and obstetric care or contraception. Where such services do exist, they often appear more friendly to women, particularly married women, than men.

Inadequate access to reproductive health services

Are parallel health services available for men and boys? When these health services exist, how can men be encouraged to use them and seek support when they need it? When asked what they want from health centres, men often mention the same things as women: high-quality service at an accessible price; privacy; confidentiality; staff who are sensitive to their needs of men, including those of men who have sex with men; and clinic hours that are compatible with work schedules. Some men also prefer male doctors and nurses.

Services targeted at men can address wider health issues

Reproductive health services that cater to the specific needs of boys and men have a special role to play in encouraging men to protect themselves and their partners against sexually transmitted infections. In such settings, staff can also address other health issues of concern to young men, such as male-to-male violence and the dangers of behaviours such as drug use.

IDEAS FOR ACTION

- Encourage governments to decentralize health care services and allocate more funds for health care.
- Establish health services specially designed for men and boys.
- Promote links between schools and clinics to provide appropriate health services for boys and girls, young men and young women.
- Train health care professionals to provide confidential care and support to boys and young men.
- Encourage health centres to adopt working hours that are convenient to boys and young men.

Objective 3.5 ADVOCATE FOR SOCIAL, ECONOMIC AND LEGISLATIVE CHANGES TO PROTECT THE RIGHTS OF MEN AND WOMEN AND TO CHALLENGE THE SOCIAL NORMS THAT INCREASE THE RISK FOR WOMEN OF HIV INFECTION THROUGH MEN'S BEHAVIOUR

All sectors of society, including government ministries, religious bodies, nongovernmental organizations, the media, the commercial sector and village councils need to be engaged in the task of raising awareness of men's role in the HIV/AIDS epidemic and encouraging men to adopt safer sexual behaviours.

Engage all sectors of society in raising awareness

Policy-makers, religious and community leaders, most of whom are men, may face challenges in recommending policies which may seemingly destabilize their own authority. However, convincing leaders that the interests of their communities and nations can be better served by promoting safer behavioural norms among men, remains a priority.

Work with policy-makers and leaders

National policies on HIV/AIDS need to be formulated jointly by women and men and include strategies that recognize men's position in sexual decision-making and the right of both women and men to protection. Such policies should include the rights of men and women to education, health care services, voluntary counselling and testing, and protection from HIV-related stigma and discrimination.

Review national strategies

IDEAS FOR ACTION

- Hold meetings with leaders at the national, district and municipal level to brief them on **Men Make a Difference** and how to work with men and women.
- Organize meetings with representatives from the trade unions, religious groups, people living with HIV/AIDS organizations, the UN Theme Group and the National AIDS Programme and including men and women, to discuss **Men Make a Difference**, determine local priorities and develop a new and enhanced programmatic response.
- Develop interactive programmes with small groups of community leaders to help them understand the need to promote safer sex including behaviour change among men.
- Advocate for the rights and responsibilities of men and women, boys and girls living with, affected or orphaned by HIV/AIDS.
- Work with religious bodies to develop responses to the epidemic that acknowledge the reality of men's, and women's lives and the difficulties that both men and women have in adhering to ideal standards of behaviour.

Effecting policy change

In Nicaragua, violence against women has only been widely recognized as a significant social problem in recent years. The National Network of Women Against Violence, (NNWAV) founded in 1992 brings together over 150 different groups throughout Nicaragua. Their most ambitious initiative was a campaign in 1996 for the adoption of a new Domestic Violence Law by the Nicaraguan National Assembly.

Efforts to challenge domestic violence in Nicaragua had been hampered by the lack of reliable data regarding the magnitude and characteristics of the problem. In an effort to provide useful information to decision-makers, research on the prevalence and characteristics of wife abuse in Leon, Nicaragua was undertaken. This was a collaborative effort by the NNWAV, the Department of Epidemiology and Public Health, Umeå University and the Department of Preventative Medicine, UNAN/Leon. The preliminary results of this research contributed to public debate around the need to reform the existing penal code.

In November 1995, the NNWAV presented a reform bill to the National Assembly that included harsher sentences for offenders, as well as providing restraining orders to protect victims. The Preamble of the new law cited the Leon research on domestic violence. The NNWAV lobbied for 8 months in support of the Domestic Violence Law, using a variety of strategies to gain public support. With the technical assistance of UNAN/Leon, focus group research was carried out to assess the attitudes of different sectors of the population towards the law, including urban and rural women and men, youth, battered women, mental health professionals, forensic doctors, police and judges. The results of the study were submitted to legislators to convince them of the political and technical viability of establishing restraining orders and criminalizing psychological injuries.

At this time, national elections were only a few months away and the NNWAV decided to use electoral pressure as a strategy. A massive letter-writing campaign presented over 40,000 signatures and 21,000 letters in support of the law. Newspaper advertisements were published in major papers and television and radio announcements were presented during the most popular programmes citing the major results of the prevalence study, inviting parliamentarians to do their part to end domestic violence. Community women from around the country visited the National Assembly during the debates on a daily basis, holding banners and distributing leaflets. Briefing packets were produced and direct lobbying was carried out in the corridors of the National Assembly by a team of well-known lawyers and psychologists. By the time of the vote, public support was evident for the bill. So much so, that to vote against it would have given the impression of being in favour of violence against women. In August 1996, the law was unanimously passed and took effect on 9 October 1996, just 11 days before the national elections.

The Nicaraguan experience shows that partnership between decision-makers, researchers, professionals from the legal and health sectors, and community groups is a very powerful and successful strategy for legislative change. Involving well-known professionals in consultations surrounding a law not only contributes to the legitimacy of the initiative in the eyes of legislators and the public, but also helps create ownership of the law, thereby encouraging professionals' cooperation in the law's application.

Source: Dr Mary Ellsberg, Women Catalysing Policy Change around Domestic Violence in Nicaragua. Elimination of Violence Against Women: In search of solutions. WHO/FIGO Pre-congress Workshop, 30-31 July 1997, WHO/HSC/PVI/99.2.

- Review national policies on HIV/AIDS to ensure that they address inequities between men and women. Examine policies across all sectors to see whether they reinforce women's dependence on men and, consequently, women's risk of contracting HIV.
- Advocate for stricter legislative frameworks that address violence against young boys, young girls, and women, and monitor their legal enforcement.
- Promote more research and data collection on HIV/STI and risk behaviour in younger and narrower age brackets (i.e. less than 14, 15 – 19, 20 – 24), or by a single age.
- Ensure that research is male or female specific to better understand the different circumstances and times at which girls and boys, women and men become infected.

WORLD AIDS CAMPAIGN 2000

Men Make a Difference has been developed by the Joint United Nations Programme on HIV/AIDS (UNAIDS), its Cosponsors and partner organizations in this campaign.

UNAIDS Cosponsors

- United Nations Children's Fund (UNICEF)
- United Nations Development Programme (UNDP)
- United Nations Population Fund (UNFPA)
- United Nations International Drug Control Programme (UNDCP)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- World Health Organization (WHO)
- World Bank

Partner Organizations

- Asian Research Center for Migration (ARCM)
 - Civil - Military Alliance to Combat HIV and AIDS
 - European Broadcasting Union (EBU)
 - ICC's International Bureau of Chambers of Commerce
 - La Asociación para la Salud Integral y Ciudadanía en América Latina (ASICAL)
 - MTV International
 - Panos
 - Society for Women and AIDS in Africa (SWAA)
 - Soroptimist International
-

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The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the leading advocate for global action on HIV/AIDS. It brings together seven UN agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations International Drug Control Programme (UNDCP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank.

UNAIDS both mobilizes the responses to the epidemic of its seven cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV on all fronts: medical, public health, social, economic, cultural, political and human rights. UNAIDS works with a broad range of partners—governmental and NGO, business, scientific and lay—to share knowledge, skills and best practice across boundaries.



Joint United Nations Programme on HIV/AIDS

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